

and the importance of fairness, character, and ethics in athletics at all levels. Parents, teachers, coaches, and students of all ages will spend this day participating in creative activities that will emphasize the rewards of being a good sport. Teamwork, cooperation, honesty, and integrity are the themes of the life lessons that are learned by the young people who take part in this day.

For the past 6 years, the Institute for International Sport, located at the University of Rhode Island, has worked hard to help establish greater awareness in the area of physical fitness. In addition to National Sportsmanship Day, the institute works all year to promote initiatives like the Student-Athlete Outreach Program, where student-athletes from high schools and colleges travel to local elementary and middle schools to serve as positive role models and promote good sportsmanship.

I am proud to offer my support to programs like this that provide students of all ages the opportunity to develop the skills that will help them through life. I would like to acknowledge the parents, teachers, coaches, participants, and especially those individuals who have committed their time and efforts to broaden participation in the arena of friendly competition and sportsmanship.

THE CARDIAC ARREST SURVIVAL ACT OF 1995

HON. GERRY E. STUDDS

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. STUDDS. Mr. Speaker, today I rise to introduce the Cardiac Arrest Survival Act of 1995. This legislation would encourage greater training of citizens and professionals who respond first to victims whose heart suddenly stops, known as cardiac arrest, or other cases of serious trauma injury. It would expand the number of health professionals and members of the lay public who are trained to perform life savings techniques, such as cardio-pulmonary resuscitation [CPR], rescue breathing, relieving airway obstruction, and other first aid techniques.

Each year, approximately 350,000 people die when they suffer cardiac arrest. Less than 5 percent of people suffering cardiac arrest outside of a hospital survive, according to the American Heart Association.

I know we can do better than this. We owe it to ourselves and our loved ones to try. For instance, in Seattle, where CPR training is required for high school students, cab drivers, and Seattle sports arena vendors, and is offered free to anyone who wants it, a person is five times more likely to survive a cardiac arrest than in most other parts of the country. In Seattle, the average survival rate for cardiac arrest is 29 percent and rises to 40 percent for victims who receive the quickest emergency response.

As a member of the Health Subcommittee, I have received evidence that strongly suggests that we should be training more people to learn CPR. Merely eight States currently require elementary and secondary school teachers to be trained in CPR and first aid before receiving a teaching certificate. Only 15 States demand that athletic coaches know CPR, while 16 States require students to learn CPR.

But even if we expand these programs, we must ask, "Are we training the right people?" A recent study of CPR training courses by Dr. Nisha Chandra, a Johns Hopkins researcher and member of the American Heart Association's Emergency Cardiac Care Committee, found that three out of four of those participating in an American Red Cross CPR training course were under age 40. However, the people most likely to be called on to use CPR in the home, where 70 percent of cardiac arrests occur, are those between 50 and 70. We should be training more older Americans to perform CPR.

The need for CPR training is particularly acute in the 10th Congressional District of Massachusetts where there is a high proportion of elderly residents. I believe it is essential to increase public awareness of this issue. In fact, many of my congressional staff have received CPR training.

But, according to the American Heart Association, CPR training is not enough. To increase survival after cardiac arrest, a sequence of events needs to occur, including early CPR response—within 4 minutes—opening airways and providing oxygen, administering electric shock, known as defibrillation—to restore heart rhythm—and medication. Each of these activities must be successfully linked in a chain of survival. Any weak link in this chain undermines the likelihood of success.

This legislation I am introducing today would encourage States to increase CPR and life saving first aid training for anyone likely to be in frequent contact with people at high risk of cardiac arrest, such as health professional, police and fire personnel, athletic coaches, and lifeguards. In addition, States would be encouraged to train members of the lay public, such as school teachers, high school students, licensed professionals, and even anyone applying for a driver's license.

The Secretary of the Department of Health and Human Services would be directed to develop recommendations to States regarding how to increase training in CPR and other life saving techniques and who should be trained. The Secretary would make recommendations regarding how to increase the availability of automatic external defibrillators on ambulances, in large public buildings, and at large public gatherings, such as sports events.

The Secretary would also recommend approaches to reduce the cost of liability insurance associated with defibrillators to make them more affordable and available. The Secretary would study options for self-insurance by the Federal Government for defibrillators it buys and consider the advisability of establishing an industry funded compensation fund to pay claims arising from devices purchased by private entities.

Finally, the Secretary would monitor the frequency of cardiac arrest and survival and report to the Congress regarding improvement in these areas.

This legislation would not mandate any State or local actions and would authorize only the funds necessary to carry out authorized Federal activities.

I urge my colleagues to join the American Heart Association, the American Red Cross, the American Association of Critical Care Nurses, and the National Association of EMS Physicians in support of this potentially life saving legislation.

COMBATING TERRORISM

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. SOLOMON. Mr. Speaker, I would like to take this opportunity to condemn in the harshest terms the recent wave of suicide-bomb attacks in Israel. These cowardly attacks, carried out by Hamas, indiscriminately maimed and killed hundreds of innocent civilians and must be stopped. How many times must Israel watch her children be butchered in the street while she stands by idly in the name of peace? How long would the United States tolerate this level of terror if these scenes were played out in the streets of New York or Washington?

The time has come for Chairman Arafat and the Palestinian Authority [PA] take action against the perpetrators. If Chairman Arafat is serious about achieving a lasting peace in the Mideast and Palestinian self-determination, then he must step forward and honor his commitment to combat terrorism in areas under controlled of the PA. It is time to start disarming Hamas and apprehending the perpetrators of these heinous crimes. If Chairman Arafat and the PA hope to further appeal to the United States and international community for financial assistance they must send a clear and unmistakable message to Hamas and other terrorist groups that they are not welcome and further attacks on Israel will not be tolerated.

In closing let me send my heartfelt condolences to the friends and families of victims of these horrible bombings and assure the people of Israel that the United States of America is firmly committed to combating terrorism and its roots abroad.

A TRIBUTE TO DR. LEONARD BAILEY

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. LEWIS. Mr. Speaker, I would like to bring to your attention the fine work and outstanding public service of Dr. Leonard Bailey of Loma Linda, CA. On March 12, Dr. Bailey, a pioneer in infant heart transplants, will be appropriately honored for his contributions to the health of children, with the dedication of a 10-acre park named in his honor in Loma Linda.

Dr. Bailey is a world famous authority on infant cardiac transplantation and his education, training, and professional accomplishments are very well known. In 1984, Dr. Bailey first received attention with the transplantation of a baboon heart into a 12-day-old girl. While the infant, known around the world as Baby Faye, died 3 weeks later, she was the first of many infant heart transplants. Eddie Anguiano—who was known as Baby Moses when he was given a human heart transplant as a four-day-old baby in 1984—is today a healthy, active youngster as a result of Dr. Bailey's work.

Dr. Bailey is chairman of the department of surgery and surgeon-in-chief of the Loma Linda University Children's Hospital. He is professor of surgery in the School of Medicine of